

TRANSMITTAL FORM

Attorney Docket No.
STL920000072US1/1858PIn re the application of: **Bruce BENFIELD et al.**Confirmation No: **5418**Serial No: **09/734,403**Group Art Unit: **2131**Filed: **March 8, 2001**Examiner: **Moorthy, Aravind K.**For: **Method and System for Integrating Encryption Functionality Into A Database System**

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Assignment and Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Part B-Issue Fee Transmittal	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Information disclosure statement	<input type="checkbox"/> Letter to Draftsman	<input checked="" type="checkbox"/> Substitute Appeal Brief
<input type="checkbox"/> Substitute Form 1449	<input type="checkbox"/> Drawings	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Reference Copies	<input type="checkbox"/> Petition	<input type="checkbox"/> Postcard
<input type="checkbox"/> Extension of Time Request *	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Doc	<input type="checkbox"/> Power of Attorney and Revocation of Prior Powers	
<input checked="" type="checkbox"/> Response to Notice of Non-Compliant Appeal Brief dated 8/29/2006.	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/> Executed Declaration by Inventor(s)		

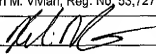
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	28	28	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Kelvin M. Vivian, Reg. No. 53,727
Signature	
Date	September 6, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being transmitted via the USPTO to EFS-Web on September 6, 2006.

Type or printed name	Kym Mopre
Signature	